IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Raymond D. Bruce DATE 5-20-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N TR on mt Bethel Rd To on Rt. Go approx 1mi mobile Home on Rt.

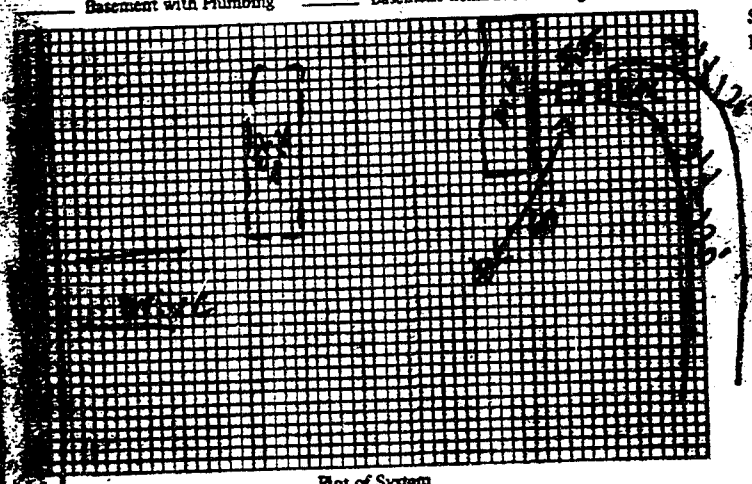
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms	2	No. Bathrooms	1		
Garbage Disposal Unit	Yes ( )	No (✓)		Character & Porosity of Soil	Prev. Suitable
Auto. Dishwasher	Yes ( )	No (✓)		Percolation Rate	.4 gal / sq. ft. / day
Auto. Wash. Machine	Yes (✓)	No ( )		Topography	2+3 Ac.
Site Suitable	Yes (✓)	No ( )		Depth to Water Table	10+
				Rock or other impervious formations	none

Lot Area 3 acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000
Nitrification Field:
No. of Lines 2
Sq. Ft. 420 Lines 2 ft
Depth of Stone in Lines
Water Supply: Individual (✓)
Public ( )

Installed by Mayfield

I understand and agree to install my system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox Jr.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore

EXISTING SYSTEM CHECKED BY: _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

This permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in obtaining this Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy